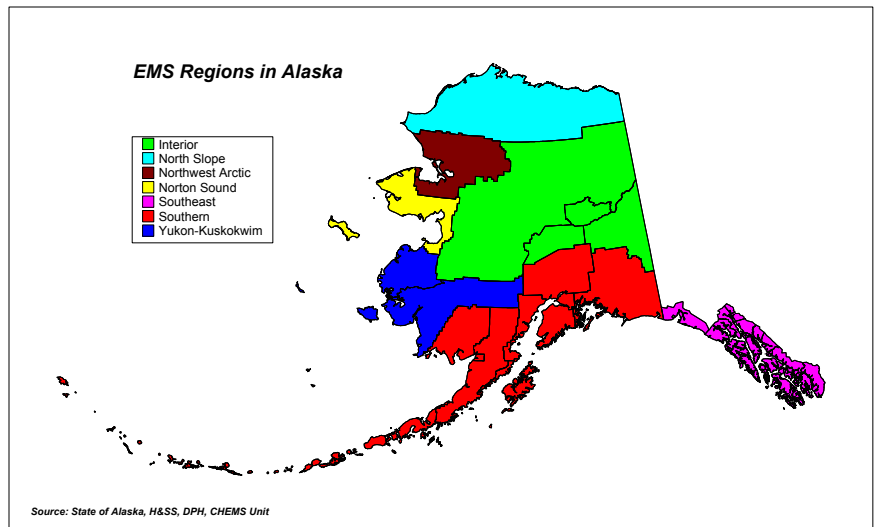


# CODE BLUE PROJECT, QUARTERLY REPORT

## 10/01 – 06/03

**Introduction:** The Department of Health and Social Services initiated the Code Blue project in 1999 as an attempt to quantify the unmet equipment needs of rural emergency medical services agencies. The development and continuing evolution of the Code Blue project involves a partnership between the department, the Regional and subarea EMS offices, local communities, and others, such as the Alaska Council on Emergency Medical Services. The Code Blue Database includes EMS needs supported by Regional EMS agencies and represents a “snapshot” of documented needs in rural Alaska. The Denali Commission was the first agency to commit funding to the project, pledging up to one million dollars for EMS infrastructure needs in January, 2001. Importantly, individual Denali Commission members and staff provided essential advice and introductions to other agencies which advanced the project, both administratively and financially.



The Code Blue project is guided by a steering committee, comprised of the directors of the seven regional EMS programs, and a representative of the Section of Community Health and EMS of the Department of Health and Social Services. The Code Blue Steering Committee meets via teleconference at least once a month per month and conducts at least one face-to-face meeting each quarter.

While not reflected by expenditures for communications infrastructures, the Code Blue Steering Committee has been extremely active in implementing and strengthening the Code Blue project.

**Activities:** Soon after funds were awarded by the Denali Commission to the Code Blue Project, approved items related to patient care were purchased. These items included oxygen equipment, ambulance gurneys, backboards and splints, and a number of base station radios. The major items remaining were relatively complex EMS repeater sites and communications upgrades. As we were engaged in planning efforts, the Alaska Land Mobile Radio (ALMR) project was emerging. The project, initiated by the Department of Defense, was intended to improve the ability of diverse agencies to communicate with each other, particularly in times of emergency. Because the system uses digital trunked equipment, rather than the analog VHF radios in use by most fire and EMS agencies, it was critical that the Code Blue Steering Committee understood both the technology and the ALMR project implementation plan. This technical expertise was not available within the Department of Health and Social Services which delayed our ability to review and purchase some of the repeater systems included in the initial equipment list.

Some communications needs, such as those in Craig and Ketchikan, were well documented and would be minimally impacted by ALMR implementation plans and, following review by staff of the Section of Community Health and EMS, the contractor and the Information Technology Group within the Department of Administration were funded.

In 2002, the Department of Health and Social Services contracted with a private firm to provide technical consultation to its staff and the Code Blue Steering Committee regarding communications related items on the Code Blue list. The contractor met with the Code Blue Steering Committee quarterly and, in addition, traveled to Southeast Alaska and other parts of the state to help assess communications needs.

In 2002, we requested an extension of the Denali Commission's funding of the Code Blue Project. This was necessitated by two major factors: the need to carefully assess communications requests in light of the Alaska Land Mobile Radio Project; and the labor intensive efforts of the Regional EMS Offices to purchase Code Blue items funded by the USDA, the Rasmuson Foundation, the State of Alaska, and local matching funds. These efforts were rewarded by the distribution of over 20 new ambulances throughout the state.

The telecommunications consulting contract with Alaska Telecom expired on December 31, 2002. The services provided under the contract included meeting with the Code Blue Steering committee to provide technical advice on telecommunications plans and purchases, particularly as they related to the Alaska Land Mobile Radio Project. This allowed us to expend an additional \$88,000 of state general funds allocated for communications items. In addition, it allowed us to improve our process for reviewing communications/communications infrastructure requests.

In late 2002, the Regional EMS Offices identified needs for essential equipment as part of their grant application planning process. Each year, the seven Regional EMS Offices must submit applications for continued funding. The grant applications include physician-supported requests for capital equipment. The requests are evaluated at the regional level and items deemed essential are added to the Code Blue database for further prioritization and action by the Code Blue Steering Committee.

As part of these processes, several new communications infrastructure projects were identified. They include requests by:

- The Matanuska Susitna Borough for assistance in upgrading its EMS communications system to provide better coverage and reliability;
- The City of Sitka for assistance in upgrading its fire and EMS communications system to provide better coverage at road ends and with staff in the emergency department;
- The City of Bethel for assistance in upgrading its fire and EMS communications system to maintain compatibility with other public safety agencies in the community which have migrated to digital equipment; and
- The City of Cordova in upgrading its 911 dispatch system to improve response times and system reliability.

The Code Blue database was updated significantly based on the efforts of the regions to identify and prioritize essential capital equipment needs. These efforts culminated in applications to the U.S. Department of Agriculture for over 1.7 million dollars. The applications will be supported by over \$600,000 of local matching funds and an additional \$600,000 in matching funds from the State of Alaska.

The assessment process identified over \$420,000 in essential equipment that can be categorized as "EMS Infrastructure" which we will be requesting permission from the Denali Commission to purchase. A list of the items was sent to the Denali Commission on April 25, 2003. The Section of Community

Health and EMS has received approval from the Department of Health and Social Services to expend these funds once approval from the Denali Commission is received.

As a result of these activities, the Section of Community Health and EMS requested an additional extension of the period during which Denali Commission funds could be spent. Our plan is to distribute funds to the regional EMS offices to purchase items approved by the Denali Commission Project Manager, with the exception of radio repeaters, which will be purchased by either the State of Alaska, or the local governmental entity, depending on the location of the repeaters and other factors.

Matt Anderson gave a presentation on the Code Blue Project at the Western States FLEX Conference, in Phoenix, Arizona in June, 2003. The FLEX program is intended to assist small rural hospitals in achieving financial stability and one of the components of the program is enhancement and integration of Emergency Medical Services. Another presentation is expected to be given in August, 2003. In each, gratitude to the agencies responsible for funding and enhancing this project is clearly stated.

The items funded with Denali Commission funds are being used on a daily basis to improve patient care throughout Alaska. The upgrade of the Craig Dispatch system serves as an excellent example. The upgrade significantly increased the efficiency of dispatch operations. Prior to the upgrade, dispatchers would need to communicate on up to three separate radio systems. The upgraded system allows the multiple radio systems to be selected simultaneously. On October 24, 2002, these capabilities were essential in managing a two-vehicle collision that resulted in eight injured patients, including two children. The dispatchers were able to quickly and efficiently mobilize resources without having to repeat instructions on separate radios, which would have consumed valuable time and increased the likelihood that information would be omitted or misstated. Multiple agencies, including three ambulance services, responded to this event and the Denali Commission funded system played a key role in ensuring timely care and transport of the patients, several of whom were critically injured.